



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

AF / 1600

Applicant: Adriano Aguzzi, *et al.*

Serial No.: 09/554,567

Filed: September 1, 2000

For: DIAGNOSTIC AND
THERAPEUTICS FOR
TRANSMISSABLE SPONGIFORM
ENCEPHALOPATHY AND
METHODS FOR THE
MANUFACTURE OF NON-
INFECTIVE BLOOD PRODUCTS
AND TISSUE DERIVED
PRODUCTS

Examiner: H. Roark

Group Art Unit: 1644

Attorney Docket No.: 6458.US.01

Certificate of Mailing under 37 CFR §1.8(a):

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as First Class Mail addressed to:

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Date of Deposit: October 7, 2002

Kathleen Boettcher 10/7/02
Kathleen Boettcher Date

TRANSMITTAL LETTER

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Dear Sir:

Enclosed herewith is a Notice of Appeal for Adriano Aguzzi, *et al.*, for DIAGNOSTIC AND THERAPEUTICS FOR TRANSMISSABLE SPONGIFORM ENCEPHALOPATHY AND METHODS FOR THE MANUFACTURE OF NON-INFECTIVE BLOOD PRODUCTS AND TISSUE DERIVED PRODUCTS, the specification of which was filed on September 1, 2000, and received Serial No. 09/554,5.

Also enclosed is a return-receipt postcard.

The Commissioner is hereby authorized to charge any additional Filing Fees required under 37 CFR 1.16, as well as any patent application processing fees under 37 CFR 1.17 associated with this communication for which full payment has not been tendered, to Deposit Account No. 01-0025. A duplicate copy of this sheet is enclosed.



23492

ABBOTT LABORATORIES
D-0377/AP6A-1
100 Abbott Park Road
Abbott Park, Illinois 60064-6008
Phone: (847) 935-7550

Respectfully submitted,
Adriano Aguzzi, *et al.*

Mimi C. Goller
Mimi C. Goller
Registration No. 39,046
Attorney for Applicants

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NOTICE OF APPEAL

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Applicants hereby appeal to the Board of Appeals from the decision dated July 9,
2002, of the Examiner finally rejecting Claims 35-40.

Please charge deposit Account 01-0025 in the amount of \$320.00 to cover the cost
of the Notice of Appeal. Any deficiency or overpayment should be charged or credited to
the above-numbered deposit account. A duplicate of this sheet is attached.



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Adriano Aguzzi, *et al.*

Mimi C. Goller
Mimi C. Goller
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Attorney for Applicants
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